

Department of Human Services

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New DHS director says easing poverty to be main concern

August 14, 2007

BY CHRIS CHRISTOFF

FREE PRESS LANSING BUREAU CHIEF

Ismael Ahmed, cofounder and executive director of the Arab Community Center for Economic and Social Services, was named director of the Michigan Department of Human Services on Monday.

Gov. Jennifer Granholm made official what had been anticipated for a week, since word surfaced that Ahmed, 60, would replace Marianne Udow.

Advertisement

Ahmed, as executive director of the large Arab-American human services organization based in Dearborn, is considered a national expert on immigration and welfare reform, with wide connections to community groups in metro Detroit.

Ahmed told the Free Press that Granholm began discussions with him about the job a few weeks ago.

"I felt very much her agenda for the department was a lot like mine," Ahmed said. "She said she wanted someone who is grounded in the issues, who lived them day to day. She said, 'I need someone who really cares about people in need.' "

If confirmed by the Senate, Ahmed will lead a department that is strained by growing demands for services and an ever-tightening state budget. It also has come under fire for its supervision of foster care services and a series of child deaths.

Ahmed said he was impressed after meeting the top DHS staff and expects to make few personnel changes.

"I think the larger question is poverty in Michigan," he said. "Right now there are tens of thousands of people in need. There's almost a million and a half people in the food supplement program, and almost as many on Medicaid. Then there is the whole child welfare system that has to be improved. All these things are important."

Udow will leave at the end of August to head the Center for Healthcare Quality and Transformation at the University of Michigan.

Also Monday, former Upper Peninsula state Sen. Donald Koivisto was named director of the state Department of Agriculture by the Agriculture Commission.

Koivisto's appointment does not require Senate confirmation. He will replace Mitch Irwin, who resigned.

Contact **CHRIS CHRISTOFF** at 517-372-8660 or christoff@freepress.com.

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DEARBORN -- A prominent Arab-American community leader and activist has been named to lead the state Department of Human Services, Michigan's second-largest agency with 10,000 employees and a \$4 billion-plus annual budget, Gov. Jennifer Granholm announced Monday.

Ismael Ahmed, executive director of Dearborn-based Arab Community Center for Economic and Social Services, will succeed Marianne Udow, who leaves the post Aug. 31 after a tumultuous tenure fraught with criticism over deaths of several of the state's 19,000 foster children in less than a year. The job pays \$130,050 a year.

In the local Arab community, some praised the decision by Granholm and said it is evidence of the political advancement of the burgeoning population of residents of Arab descent. The department administers the state's child and family services, including child and adult protective services, foster care, adoptions, juvenile justice, domestic violence, child support and other programs.

But some said they are also concerned that Ahmed leaves behind three organizations that he helped establish and nurture over the years: ACCESS, the Arab American National Museum and the annual Concert of Colors, which moved recently from the Detroit riverfront to the Max M. Fisher Music Center on Woodward.

The American Arab Anti-Discrimination Committee in Michigan extended congratulations to Ahmed, although the ADC and ACCESS have sometimes vied for the support of the community.

"As a veteran of the Arab-American community and a highly respected and extremely qualified citizen, we are confident that Ish will serve the state of Michigan well," said Imad Hamad, regional director of the ADC. "Governor Granholm could not have made a better choice. He has left quite a legacy at ACCESS, which will undoubtedly continue to have its effects on the community for years to come."

Ahmed, who lives in Dearborn with his wife, Margaret, and has five children and a grandson, helped found ACCESS and has been with the organization for 32 years. He will be succeeded by ACCESS Chief Operating Officer Hassan Jabber.

Granholm spokeswoman Liz Boyd said the governor strives to reflect the state's diversity in her Cabinet-level appointments.

"Among her Cabinet leaders have been women, African-Americans, an Asian-American, a Hispanic-American and today with the appointment of Ismael Ahmed, an Arab-American," Boyd said. "(Ahmed) has strength in knowing the importance of serving people and that will be an asset to him in this position."

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— THE — ANN ARBOR NEWS

EMU regent to resign post

Ismael Ahmed departing to lead state Department of Human Services

Tuesday, August 14, 2007

BY GEOFF LARCOM

News Staff Reporter

Eastern Michigan University Regent Ismael Ahmed is resigning from his post after he was appointed by Gov. Jennifer Granholm on Monday to lead the state's Department of Human Services.

Ahmed, co-founder of the Arab Community Center for Economic and Social Services in Dearborn, will become leader of the state agency unless the state Senate rejects his appointment.

Ahmed was appointed to the EMU Board by Granholm in January 2007 to fill out the term of Jan Brandon, who had resigned the previous month. His term was to expire Dec. 31, 2008.

Ahmed said this morning he is leaving the EMU board because of time constraints along with university rules that he could not serve in both jobs. "I really would not have time to do it justice," he said.

Ahmed said he enjoyed getting to know the people and staff at EMU, despite a tumultuous year that included the firing of President John Fallon and two reports that criticized EMU's handling of a student's murder.

The board made important

personnel and policy decisions necessary to move EMU forward, according to Ahmed. "I think you've got a board that means business," he said.

Ahmed said the controversies overshadowed how EMU cares about its students. "The thing I found is that everybody wants the university to succeed," he said.

At the Department of Human Services, Ahmed will replace Marianne Udow, who will lead a joint venture between Blue Cross Blue Shield of Michigan and the U-M Health System.

The Department of Human Services handles several state programs including welfare, foster care and child care.

It is one of the state's largest departments with a budget of more than \$4 billion.

"Ismael has a wealth of experience in responding to the needs of people, and we are so fortunate to have someone with his leadership skills and compassion moving the Department of Human Services forward," Granholm said in a statement.

Ahmed, 59, is a graduate of the University of Michigan with a bachelor of arts degree in secondary education and a minor in sociology. He lives in Dearborn.

The Associated Press contributed to this story.

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Granholtz picks Ahmed to lead Department of Human Services

8/13/2007, 5:32 p.m. ET

The Associated Press

LANSING, Mich. (AP) — The leader of a Dearborn-based Arab-American social services center was picked by Gov. Jennifer Granholm on Monday to lead the state's Department of Human Services.

Ismael Ahmed, co-founder of the Arab Community Center for Economic and Social Services, will become leader of the state agency unless the state Senate rejects his appointment.

Ahmed would replace Marianne Udow, who leaves state government at the end of the month to lead a joint venture between Blue Cross Blue Shield of Michigan and the University of Michigan Health System. Udow has led DHS since 2004.

The Department of Human Services handles several state programs including welfare, foster care and child care. It is one of the state's largest departments with a budget of more than \$4 billion.

Granholm appointed Ahmed to Eastern Michigan University's governing board in January, but he will resign that post.

"Ismael has a wealth of experience in responding to the needs of people, and we are so fortunate to have someone with his leadership skills and compassion moving the Department of Human Services forward," Granholm said in a statement.

Ahmed, 59, is a graduate of the University of Michigan with a bachelor of arts degree in secondary education and a minor in sociology. He lives in Dearborn.

"The Department of Human Services does so much to bring help and hope to people in need," Ahmed said in a statement. "I look forward to working with the department and its partners to reduce poverty and improve the lives of children and vulnerable adults in our state."

On the Net:

Department of Human Services: <http://www.michigan.gov/dhs>

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Ahmed named human services director

By Robert Ankeny

Crain's Detroit Business

4:10 pm, August 13, 2007

Gov. Jennifer Granholm confirmed Monday that she has appointed **Ismael Ahmed** to succeed **Marianne Udow** as director of the **Michigan Department of Human Services**.

Crain's first reported that Ahmed's appointment was planned last Wednesday.

Michigan's Department of Human Services is the state's second-largest agency, with nearly 10,000 employees and a \$4 billion-plus annual budget, handling federal programs.

The department's staff serves 1.5 million medical assistance cases and 1.2 million cash- and food-assistance cases statewide. It administers child- and adult-protective services, foster care, adoptions, juvenile justice, domestic violence, and child-support programs. It also licenses adult foster care, child day care and child welfare facilities.

Ahmed is scheduled to take over at Human Services on Sept 10; his appointment stands unless rejected by the Michigan Senate.

Ahmed co-founded ACCESS, the **Arab Community Center for Economic and Social Services**, and has been executive director since 1983.

A contributing author to "Arabs in America: Myths and Reality," Ahmed is considered a national expert on immigration, welfare reform and Arab-American issues.

"I am honored that Governor Granholm has given me the opportunity to serve in this important role," Ahmed said in a statement. "The Department of Human Services does so much to bring help and hope to people in need;

as director, I look forward to working with the department and its partners to reduce poverty and improve the lives of children and vulnerable adults in our state.

Said Granholm in a statement: “Ismael has a wealth of experience in responding to the needs of people, and we are so fortunate to have someone with his leadership skills and compassion moving the Department of Human Services forward.

“Ismael shares our goals of encouraging strong families and helping citizens become self-sufficient, and we look forward to his leadership on these issues and more.”

Ahmed will resign from the **Eastern Michigan University** board of regents, a post he was appointed to by Granholm in January.

Detroit news briefs
August 14, 2007

BY NAOMI R. PATTON
FREE PRESS STAFF WRITER

Man faces charges in toddler's death

Oronde Graham, 35, of Detroit is expected to appear for a preliminary examination Thursday in 36th District Court on charges in connection with the death of 1-year-old Diamond Reynolds of Detroit. Diamond died July 27 after being taken to Children's Hospital of Michigan. Investigators believe she may have suffered from shaken-baby syndrome. Graham was charged with one count of homicide felony murder, which carries a penalty upon conviction of life in prison without parole. He also was charged with one count each of involuntary manslaughter and child abuse in the first and second degrees. A plea of not guilty was entered.



Mom to plead insanity

Third expert agrees she's not criminally responsible in girls' stabbing

By Jameson Cook

Macomb Daily Staff Writer

A psychiatrist again has found that a woman who admitted killing her two young daughters was not criminally responsible at the time of the slayings, cementing an insanity defense in the case.

Dr. Charles Clark is the third expert to conclude that Jennifer A. Kukla was insane when she allegedly slashed the throats of her daughters, Alexandria, 8, and Ashley, 5, in her Macomb Township mobile home. She also fatally knifed two or three pet dogs and a pet mouse.

Defense attorney Steven Freers said Monday that Clark's findings from an interview at the Macomb County Jail ensure that he will seek an insanity defense for his client.

Two other experts, including one from the State Center for Forensic Psychiatry, reached the same conclusion earlier this year.

The jury trial is scheduled for Aug. 22 in Macomb County Circuit Court in front of Judge Edward Servitto, but the trial likely will be pushed back to September, Freers said.

Macomb County prosecutors are expected to seek a conviction of first-degree murder, which would automatically result in a life sentence without chance for parole.

Assistant Macomb prosecutor William Cataldo, who is handling the case, could not be reached for comment.

At trial, the jury's options would include finding Kukla guilty or innocent of first-degree murder, guilty but mentally ill of first-degree murder, or not guilty by reason of insanity. If she is found not guilty by reason of insanity, Kukla would be housed in a psychiatric facility for an indefinite amount of time.

Freers said an insanity verdict is the only way for Kukla to receive sufficient psychological treatment.

At her July 2 circuit court arraignment in front of Judge John Foster, Kukla told the judge, "I want to argue with the premeditation," after she heard she was charged with two counts of premeditated murder.

Police say Kukla committed the slayings about 7:30 a.m. Feb. 4 and remained in her mobile home all day until her sister visited about 6:30 p.m. and called police.

Kukla claimed in her confession to police that "evil voices" told her to kill her children to protect them. She told police the voices started the night before and went from "nice to evil," Detective Mark Grammatico of the Macomb County Sheriff's Office testified at Kukla's preliminary examination in 41A District Court in Shelby Township. The voice told her to "go kill all my kids before somebody kills them," the detective testified Kukla said.

Family members had said Kukla was suffering financial problems, and social services officials had threatened to remove the children from the home because of poor living conditions.

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Article published Aug 13, 2007
Mother of dead 4-year-old ponders losing him
The Enquirer

Lynn Wozniak lost her son and her trust.

After burying her 4-year-old, Dominic Munoz, on Saturday, Wozniak can only think about what she will miss.

“He was a very, very smart boy,” she said today. “He was going to start school in a couple of weeks and he was such a happy kid. Energetic. He was my only reason for living. He had the biggest brown eyes, and the longest eyelashes, full of life and he loved Spider-Man more than anything.

“That’s what he said he was going to be for Halloween.”

The boy died Aug. 6 from head injuries in what Battle Creek Police Department detectives are investigating as a homicide.

“I wake up now and I don’t know what to do,” she said. “I can’t see my life without him. I am hollow. There is nothing left.”

Adam Markos, 24, who was living with Wozniak and her son in Bedford Township, was arrested last week and has been charged with child abuse in a June 30 incident in which the boy was burned on his lower legs and feet.

No charges have been filed in the death of the boy, and Battle Creek Police Commander James Saylor said Monday detectives are conducting additional interviews and awaiting complete results from the autopsy.

See the full story Tuesday in the Enquirer and at battlecreekenquirer.com. Also Thursday, check out battlecreekenquirer.com for audio samples of the interview with Lynn Wozniak.

August 14, 2007

Baby Beaten on S.I. Dies as Life Support Is Removed

By [LESLIE KAUFMAN](#)

A 21-month-old Staten Island girl who suffered severe head injuries in a beating last week died yesterday after being taken off life support, officials said. The companion of the girl's mother, prosecutors said, had smashed the child's head against a playpen in a fit of rage, and failed to call for medical help for five hours.

The family had been watched and visited regularly by child welfare workers since early 2006 after the girl, Hailey Gonzalez, was beaten by her biological father, according to a city employee familiar with the investigation. The last visit was in June, said the employee, who did not want to be named because the child welfare agency had yet to discuss details of the case publicly.

The city medical examiner ruled yesterday that Hailey's death was a homicide resulting from blunt impact injuries to the head.

The death comes just days after the city's Department of Investigation issued a report faulting the city's handling of 10 previous child fatality cases in 2005 and 2006, cases in which the agency and its workers knew of troubled families. The most notorious case was Nixzmary Brown, 7, who was found beaten to death at home in January 2006 despite numerous warnings to school and child welfare officials.

In the new case, the companion of Hailey's mother, Edwin Garcia, 30, was arrested yesterday afternoon on charges of second-degree murder, while the baby's mother, Marlene Medina, 24, was charged with second-degree manslaughter. The arraignments are to be held today.

Mr. Garcia's lawyer, Eugene Lamb, said his client would plead not guilty. Ms. Medina's lawyer, Susan Platis, had no comment.

Child welfare workers had been involved with Ms. Medina and Hailey since January 2006, when the girl's biological father, Manuel Gonzalez, abused the child, according to the city employee familiar with the files. But, the employee added, there had been no allegations of abuse since the father left the family.

Court documents show that when Hailey was 2 months old, Mr. Gonzalez slapped her so hard that she developed a blood clot in her eye and swelling and bruises on her face. Mr. Gonzalez, who is serving a two-year sentence in an upstate prison for beating Hailey, could not be reached for comment, but relatives described him as "devastated" at his daughter's death.

Because Ms. Medina was thought not to have participated in the violence in January 2006, Family Court allowed her to retain custody of Hailey.

The court did ask for child welfare to remain involved in supervising her case, however, because the mother had so many other problems, including homelessness, according to the person familiar with her file.

Ms. Medina and Mr. Garcia have been together for at least the last year and a half, and have a 2-month-old baby. That baby was

placed in foster care last week, the city employee said.

Mr. Gonzalez's mother, Sonia Cintron, and his wife, Denise Gonzalez, remained in touch with Ms. Medina through much of 2006 because they wanted contact with Hailey. They described Mr. Garcia as being volatile.

"He would get on the phone and scream and make threats to me," said Ms. Gonzalez, who baby-sat for Hailey for three or four days at a time, most recently in the fall of 2006.

Both Ms. Citron and Ms. Gonzalez say that while they never saw any signs of physical abuse, they worried about Hailey. "She was always a sad baby," Ms. Gonzalez said.

The person familiar with the investigation said there was no proof that the child had been suffering in her mother's care. City child welfare workers had visited the family "regularly" since January 2006, the person said, and there had been no signs that the child was anything but healthy. She was in day care, and there had been no complaints of abuse, the person said.

But Staten Island prosecutors said that at 1:30 a.m. last Tuesday in the Jersey Street apartment, Mr. Garcia slammed the child's head against a playpen and that the couple did not call for help for five hours, though the child lay "foaming at the mouth, wheezing and twitching her arms and legs."

Last Thursday, before the child died, the couple were charged in Staten Island Criminal Court with four counts of child abuse, including reckless assault of a child.

The couple pleaded not guilty and have been held in \$500,000 bail each at [Rikers Island](#).

William J. Smith, a spokesman for the district attorney, said that after their arrest and during questioning by detectives, Ms. Medina and Mr. Garcia at first "pointed fingers at each other." Mr. Garcia said he was not home at the time Hailey was injured but was working a late shift as a delivery man for a Domino's Pizza shop, and after work, was with a friend in Jersey City until 2:30 a.m.

But according to Mr. Smith, the prosecutor at the arraignment said that Mr. Garcia had "made statements indicating that he picked up and slammed the child."

When the couple appeared in Criminal Court in Stapleton on Staten Island yesterday to face more serious charges stemming from the baby's death, Ms. Medina was wearing jeans and a white T-shirt, with her long hair in a single braid down her back. She clutched what appeared to be a Bible in her cuffed hands. Mr. Garcia wore black pants, a white dress shirt and black shoes.

When Hailey was taken off life support, her heart was donated to a child in critical condition.

Thomas J. Lueck and Maureen Seaburg contributed reporting.

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ClickOnDetroit.com

Police: Man Tried Luring Children

POSTED: 5:45 pm EDT August 13, 2007

UPDATED: 7:20 pm EDT August 13, 2007

LINCOLN PARK, Mich. -- Police are warning Lincoln Park parents to be on high alert for a man who police said was trying to lure children into his van.

According to police, three little girls were playing outside of a Lincoln Park home when a man in a van approached them and tried to lure them into his van.

"I saw him sitting in the van saying, 'Come here, I've got candy, turn around,' and so we were just ignoring him," said one of the girls approached.

The mother of one of the girls called the police.

"He pretty much stopped at my daughter, which I thought was odd. He continued, went around the block, and I noticed him at the stop sign behind them -- he was watching them," said Sabrina, mother of one of the girls approached.

Police responded immediately and were able to catch the man.

The man told police he was doing nothing wrong and that he was simply "collecting junk."

Wayne County Prosecutors denied a warrant because they said there was a lack of evidence.

"We were told they are doing everything they could, but because the man couldn't get out of the vehicle or didn't get out of the vehicle, there was nothing they could do," said Angie, mother of an approached girl.

"Nobody was harmed, none of the children were harmed, it could just be a case where we may have stopped him too soon," said Lincoln Park Police Chief Thomas Karnes.

Some of the neighborhood parents said they are afraid because the man knows where the children live and he may come back to exact revenge.

"What if he gets ticked off and comes back after my girls? He told them 'Hey girls, come here, I've got candy.' If that's not child luring, I don't know what is," said Sabrina.

Police plan to release the man Monday because of lack of evidence.

Police said the man will be charged with a misdemeanor for collecting junk without a proper license. That charge could carry a possible \$500 fine.

RELATED TO STORY



Video: Local 4's Paula Tutman Investigates A Suspicious Stranger In Lincoln Park

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August 12, 2007**EDITORIAL**

World's Best Medical Care?

Many Americans are under the delusion that we have “the best health care system in the world,” as President Bush sees it, or provide the “best medical care in the world,” as Rudolph Giuliani declared last week. That may be true at many top medical centers. But the disturbing truth is that this country lags well behind other advanced nations in delivering timely and effective care.

Michael Moore struck a nerve in his new documentary, “Sicko,” when he extolled the virtues of the government-run health care systems in France, England, Canada and even Cuba while deploring the failures of the largely private insurance system in this country. There is no question that Mr. Moore overstated his case by making foreign systems look almost flawless. But there is a growing body of evidence that, by an array of pertinent yardsticks, the United States is a laggard not a leader in providing good medical care.

Seven years ago, the World Health Organization made the first major effort to rank the health systems of 191 nations. France and Italy took the top two spots; the United States was a dismal 37th. More recently, the highly regarded Commonwealth Fund has pioneered in comparing the United States with other advanced nations through surveys of patients and doctors and analysis of other data. Its latest report, issued in May, ranked the United States last or next-to-last compared with five other nations — Australia, Canada, Germany, New Zealand and the United Kingdom — on most measures of performance, including quality of care and access to it. Other comparative studies also put the United States in a relatively bad light.

Insurance coverage. All other major industrialized nations provide universal health coverage, and most of them have comprehensive benefit packages with no cost-sharing by the patients. The United States, to its shame, has some 45 million people without health insurance and many more millions who have poor coverage. Although the president has blithely said that these people can always get treatment in an emergency room, many studies have shown that people without insurance postpone treatment until a minor illness becomes worse, harming their own health and imposing greater costs.

Access. Citizens abroad often face long waits before they can get to see a specialist or undergo elective surgery. Americans typically get prompter attention, although Germany does better. The real barriers here are the costs facing low-income people without insurance or with skimpy coverage. But even Americans with above-average incomes find it more difficult than their counterparts abroad to get care on nights or weekends without going to an emergency room, and many report having to wait six days or more for an appointment with their own doctors.

Fairness. The United States ranks dead last on almost all measures of equity because we have the greatest disparity in the quality of care given to richer and poorer citizens. Americans with below-average incomes are much less likely than their counterparts in other industrialized nations to see a doctor when sick, to fill prescriptions or to get needed tests and follow-up care.

Healthy lives. We have known for years that America has a high infant mortality rate, so it is no surprise that we rank last among

23 nations by that yardstick. But the problem is much broader. We rank near the bottom in healthy life expectancy at age 60, and 15th among 19 countries in deaths from a wide range of illnesses that would not have been fatal if treated with timely and effective care. The good news is that we have done a better job than other industrialized nations in reducing smoking. The bad news is that our obesity epidemic is the worst in the world.

Quality. In a comparison with five other countries, the Commonwealth Fund ranked the United States first in providing the “right care” for a given condition as defined by standard clinical guidelines and gave it especially high marks for preventive care, like Pap smears and mammograms to detect early-stage cancers, and blood tests and cholesterol checks for hypertensive patients. But we scored poorly in coordinating the care of chronically ill patients, in protecting the safety of patients, and in meeting their needs and preferences, which drove our overall quality rating down to last place. American doctors and hospitals kill patients through surgical and medical mistakes more often than their counterparts in other industrialized nations.

Life and death. In a comparison of five countries, the United States had the best survival rate for breast cancer, second best for cervical cancer and childhood leukemia, worst for kidney transplants, and almost-worst for liver transplants and colorectal cancer. In an eight-country comparison, the United States ranked last in years of potential life lost to circulatory diseases, respiratory diseases and diabetes and had the second highest death rate from bronchitis, asthma and emphysema. Although several factors can affect these results, it seems likely that the quality of care delivered was a significant contributor.

Patient satisfaction. Despite the declarations of their political leaders, many Americans hold surprisingly negative views of their health care system. Polls in Europe and North America seven to nine years ago found that only 40 percent of Americans were satisfied with the nation's health care system, placing us 14th out of 17 countries. In recent Commonwealth Fund surveys of five countries, American attitudes stand out as the most negative, with a third of the adults surveyed calling for rebuilding the entire system, compared with only 13 percent who feel that way in Britain and 14 percent in Canada.

That may be because Americans face higher out-of-pocket costs than citizens elsewhere, are less apt to have a long-term doctor, less able to see a doctor on the same day when sick, and less apt to get their questions answered or receive clear instructions from a doctor. On the other hand, Gallup polls in recent years have shown that three-quarters of the respondents in the United States, in Canada and in Britain rate their personal care as excellent or good, so it could be hard to motivate these people for the wholesale change sought by the disaffected.

Use of information technology. Shockingly, despite our vaunted prowess in computers, software and the Internet, much of our health care system is still operating in the dark ages of paper records and handwritten scrawls. American primary care doctors lag years behind doctors in other advanced nations in adopting electronic medical records or prescribing medications electronically. This makes it harder to coordinate care, spot errors and adhere to standard clinical guidelines.

Top-of-the-line care. Despite our poor showing in many international comparisons, it is doubtful that many Americans, faced with a life-threatening illness, would rather be treated elsewhere. We tend to think that our very best medical centers are the best in the world. But whether this is a realistic assessment or merely a cultural preference for the home team is difficult to say. Only when better measures of clinical excellence are developed will discerning medical shoppers know for sure who is the best of the best.

•

With health care emerging as a major issue in the presidential campaign and in Congress, it will be important to get beyond empty

boasts that this country has “the best health care system in the world” and turn instead to fixing its very real defects. The main goal should be to reduce the huge number of uninsured, who are a major reason for our poor standing globally. But there is also plenty of room to improve our coordination of care, our use of computerized records, communications between doctors and patients, and dozens of other factors that impair the quality of care. The world’s most powerful economy should be able to provide a health care system that really is the best.

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Health Care in America: Let's Heal It

To the Editor:

Re "World's Best Medical Care?" (editorial, Aug. 12):

As a former health care executive for a multihospital system responsible for quality management and patient satisfaction, I applaud you for the most accurate summary I've yet read regarding medical care in the United States. With luck, the quality and fairness of our health care system will finally be a major issue this coming election.

It is time that our citizens woke up to the fact that our country's health care system is in crisis and is far from the best in the world. Every presidential candidate must clearly answer whether he or she believes that our present lack of universal health coverage is morally acceptable and how specifically the candidate proposes providing health coverage for all of our citizens, both employed and unemployed.

To say, as some of our radio talk-show hosts claim, that the United States has the best health care system in the world at the same time that our country doesn't provide universal health coverage is simply a contradiction in terms.

JACK SCHARF

Morris Plains, N.J., Aug. 13, 2007

To the Editor:

I opted out of the system when I was told by my then doctor's receptionist that although I felt ill, he could not see me for seven weeks. I then made the best investment ever, by enrolling in what is called a "boutique" medical practice. For a yearly fee, I have 24/7 access, and my visits average 40 minutes, just to name a few benefits.

I have chronic fatigue syndrome, which is sometimes accompanied by fibromyalgia, an illness that causes agonizing pain. I attend a support group, and I am ashamed at the fact that I can afford to pay for health care, when the women attendees cannot work because they can't stand up, have no health insurance, no money, can't buy pain medications and have no hope. World's best medical care?

MICHAEL GOLDING

Fort Myers, Fla., Aug. 12, 2007



MICHAEL SLOAN

To the Editor:

Your editorial reminded me of my experience in Spain a few years ago. A United States citizen, I was taken very ill on a visit to the island of Tenerife. Within five minutes, an ambulance was at the door. Upon arrival at a hospital, I was admitted immediately and seen and treated by three doctors.

Upon discharge, I went to the front office to pay my bill, and was told that I owed nothing for the service, and that a taxi was waiting at the entrance to take my wife and me back to my hotel. The taxi driver subsequently declined payment from me for his services.

EDUARDO MUNOZ PEROU

Livonia, Mich., Aug. 12, 2007

To the Editor:

The failure of the United States to develop a national insurance program is a

primary reason for the inefficient coordination of care, lack of computer sophistication and poor communication between patient and doctor that reduce the efficacy of our health care.

With no centralized, single-payer national insurance plan, each patient and provider is on his or her own in identifying and coordinating the treatment of even such common conditions as a bronchitis attack.

A national health care plan would put dollars and technology toward standardizing treatment and otherwise resolving such confusion.

Yet the insurance and drug industries continue to conduct an economically motivated campaign to thwart efforts to establish such a national health care plan, including by labeling such plans "socialized medicine."

A national health insurance plan would not be "socialized medicine," however, because under such a plan, physicians and other providers would not be government employees or entities. Instead, primary health care costs would be reimbursed by the federal government using our tax dollars.

The corporate actors who have thwarted a national health care plan merely use incendiary rhetoric and other obstructive tactics to conceal their true motive, which is to continue to make billions of dollars at the expense of the nation's health.

RITA TOBIN

Chappaqua, N.Y., Aug. 12, 2007

To the Editor:

You express some dismay that the world's most powerful economy does not produce the world's best medical care. But if a nation makes the economy its ultimate bottom line, and if that economy is unabashedly skewed to favor the wealthiest top percent, it should hardly be surprising that its health care system is calibrated to function in precisely the same fashion.

JOEL BRENCE, M.D.

Aspen, Colo., Aug. 12, 2007

To the Editor:

Your editorial correctly questions the adequacy of American health care. But your analysis misses a central flaw in our system: institutionalized cost shifting.

Consider the following hypothetical scenario: An elderly patient, retired from a full-time career, is injured in a collision while driving a delivery truck during part-time post-retirement employment. Who will pay the bills for his consequent treatment?

Medicare, the state workers' compensation fund, the group health underwriter for his former full-time employer or an automobile insurer? And if all of these "third parties" manage to wriggle out of payment, will the patient or the treating physician and hospital have to "eat" the cost of care?

Huge bureaucracies, diverting vast sums of money, have mushroomed into existence with the express mission of manipulating such quandaries to their sponsors' maximum advantage. These bureaucracies are bleeding us dry. It is for this reason that the United States needs a single-payer system.

DONALD MENDER, M.D.

Rhinebeck, N.Y., Aug. 13, 2007

The writer is an assistant clinical professor of psychiatry, Yale University School of Medicine.

To the Editor:

Also consider that elderly people can lose their homes and assets to pay for medical care. A 62-year-old friend of mine took a \$60,000 mortgage out to pay for her husband's chemo before he died. Hard to do at that age. This doesn't happen in other countries.

IVAN BEGGS

Canton, Ohio, Aug. 13, 2007



Muskegon Chronicle

Dad of rape suspect, 13, says son needs help

Tuesday, August 14, 2007

By Nate Reens

Chronicle News Service

WEST OLIVE -- Sandra and Antonio Cullen prepared themselves for difficult times about a decade ago when they adopted a pair of young boys who were sexually abused and neglected.

They couldn't have imagined that, at 13, one of the boys, Fathi Cullen, already would have one conviction for sexual assault on his record and be staring at the potential of prison for alleged attacks on an 18-year-old woman and two girls.

"We knew it was going to be hard and that there would be bad times, but what we have to do now is look to the future," Antonio Cullen said Monday. "What is this child going to be like in 10, 15, 20 years, and will he keep doing this or will we get him the help he needs?"

An Ottawa County Juvenile Court judge is to determine Wednesday whether Fathi should be charged as an adult for the alleged June 2 sex assaults and home invasion.

Antonio Cullen is campaigning to have Fathi kept in the juvenile courts, where he feels the focus is on counseling and rehabilitation, and not warehousing him in an adult prison if he is convicted.

The family is not likely to contest charges that Fathi barged into a trailer in the River Haven Mobile Park in Grand Haven Township and sexually assaulted an 18-year-old, then later groped two girls, ages 12 and 14, while police looked for him, Cullen said.

"We regret the things that have happened," the father said. "This is a boy who has problems, and we need to make sure he gets the help he needs and not send him to the wolves in the adult arena."

Prosecutors have labeled Fathi's alleged sexual deviancy as a threat to the community based on his increasingly violent behavior.

In April 2006, he was placed on juvenile probation for sexually assaulting a woman in a Meijer store in Georgetown Township.

Authorities say treating him as an adult allows a greater range of sentencing options if he is convicted.

Antonio Cullen said a psychologist's report deems Fathi fit for court proceedings. The screening discovered that sexual abuse committed against the boy before adoption and an "impulsivity" problem have led to the 13-year-old's predicament.

The couple, who since have moved out of the trailer park where the alleged assault happened, probably didn't imagine the troubles they would face when they agreed to be featured in a 1999 video promoting adoption.

The video, produced by the Michigan Adoption Resource Exchange, shows the Cullens with 4-year-old Fathi and his 3-year-old brother, not long after the children came into the family.

"I think when we first saw them, we just fell in love with them," Sandra Cullen said on the video. "They were such cheerful kids, and happy."

But the video alludes to the problems facing parents who adopt children from troubled backgrounds.

"We knew there was going to be some problems," Antonio Cullen said on the video. "They are not like a child you have from birth. They have different characteristics and they are going to do different things, but it's not their fault."

On Monday, he repeated words he uttered eight years earlier.

"We're not asking for a pass," he said. "We're asking for leniency and understanding of the situation."

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Experts say teen crimes on the rise

Updated: Aug 14, 2007 08:48 AM EDT

GRAND RAPIDS-- As a 13-year-old from Ottawa County tries to stay out of adult prison for some alleged sexual assaults, prosecutors say the number of juveniles committing sex crimes is on the rise.

The ages 13 through 15 are usually associated with victims but prosecutors say they're seeing more and more cases where teens that age are the perpetrators of sexual crimes.



Vicki Seidl is the senior attorney in charge of the juvenile division for the Kent County Prosecutors Office. 24 Hour News 8 asked her why more juveniles are committing sexual crimes.

Seidl says the days of kids simply sneaking a peak at a playboy magazine are long gone. Now they are bombarded with sexually explicit visual media which is easily accessible online and some choose to act out what they see.

In Ottawa County 13-year-old Fathi Cullen could face adult punishment. Cullen is charged with breaking into a home and attempting to rape an 18 year old this past June. He's also charged with sexually assaulting two other girls that same day. His record already includes sexual assault -- indecent exposure and a probation violation -- all before the age of 13.

Cullen's adoptive parents say Fathi was physically and sexually abused in the foster care system and needs help.

Seidl says it's critical for juvenile offenders to get help and take responsibility and admit what they did because the problem won't correct itself.



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MORNING SUN

Tense standoff ends peacefully

By SUSAN FIELD
Clare Managing Editor

A tense standoff in Clare County's Franklin Township ended peacefully late Sunday night when a 41-year-old man turned himself in.

Nobody was injured after a dispute between Kurt Bower and a neighbor that started at about 7 p.m. and ended when Bower called Clare County Central Dispatch shortly before midnight to say he was surrendering, Sheriff Jeff Goyt said.

Clare County Probate Judge Thomas McLaughlin arraigned Bower, who is being held in the Clare County Jail without bond, on a charge of failing to appear at a jury trial, Prosecutor Norm Gage said.

Bower had been charged with failing to pay child support but did not show up for the trial, which led to a bench warrant, which subsequently prompted Gage to issue a warrant for absconding because his failure to appear at the trial was a violation of his bond condition, the prosecutor said.

Police are asking Gage to charge Bower with felonious assault, felon in possession of a firearm and resisting and obstructing police, Goyt said.

While Bower was arraigned on the charge relating to the bench warrant, he has not yet been charged with absconding or in connection with the standoff, Goyt said.

He is expected to be arraigned on charges relating to Sunday's incident today, according to court officials.

Deputies were called to the home in the Brown Haven subdivision at near Cornwell Road and Gopher Trail after a report of an altercation that led to Bower allegedly pulling a gun on a neighbor, Goyt said.

Bower and his neighbor, who was also his employer, had been involved in an ongoing dispute after the neighbor accused Bower of drinking on the job and later accused him of running over his trash cans, Clare County Sheriff's Detective Steve Wentworth said.

Bower's neighbor called Clare County Central Dispatch Sunday night after Bower allegedly drove by the residence while pointing a handgun out of the window at the neighbor, Wentworth said.

When Bower did not respond to police after they arrived at his home, deputies called in a Michigan State Police Emergency Response team to negotiate with the suspect, Goyt said.

State police ES teams consist of specially trained troopers from nearby posts who are called in when needed for standoffs and other volatile situations, Sgt. David Kaiser of the Mt. Pleasant Post said.

Bower has had run-ins with the sheriff's department in the past, according to Goyt.

He has been arrested for breaking and entering, larceny, assault with a dangerous weapon, being a fugitive, violating personal protection orders and for domestic violence, Goyt said.

Click here to return to story:

http://www.themorningsun.com/stories/081407/loc_standoff.shtml



Two Upper Peninsula Residents Will Receive Blues' Claude Pepper Award

42 others also to be recognized for their efforts on behalf of seniors

DETROIT, Aug. 13 /PRNewswire/ -- Two Upper Peninsula residents - a retired state Department of Human Services employee and a community health representative for a Michigan American Indian band - will be honored Sept. 14 with the Claude Pepper Award sponsored by Blue Cross Blue Shield of Michigan and Blue Care Network.

The late Florida Sen. Claude Pepper was a lifelong activist for the nation's elderly, and the award bearing his name recognizes people's contributions toward improving the lives of Michigan's senior citizens. The awards will be presented at the Blue Cross Blue Shield of Michigan Senior Advisory Council's 17th annual conference in Mount Pleasant.

The honorees, who each will receive a \$1,000 check to be given to their respective nonprofit organizations, are:

Mary Spalding-Antilla, 57, of Bruce Crossing, in the working advocate category. Spalding-Antilla is the community health representative for Indian Health Services for the Lac Vieux Desert Band of Lake Superior Chippewa Indians in Watersmeet.

Waino Liuha, 82, of Negaunee, in the volunteer advocate category. Liuha is a retired Michigan Department of Human Services employee and long-time Marquette area volunteer.

The awards will be presented by Diana Jones, Blue Cross Blue Shield of Michigan vice president of community affairs, and Kevin Klobucar, Blue Care Network vice president of products and marketing and regional executive. Spalding-Antilla works in the Lac Vieux Desert Clinic as an advocate for elderly tribe members with special needs. She regularly transports them to medical appointments, visits their homes to ensure their needs are met, and counsels their families on following seniors' last wishes. Spalding-Antilla also assists seniors in choosing Medicaid prescription plans and is on call 24 hours a day to help families when needed. She has successfully applied for several grants to purchase transportation for tribal elderly and to obtain funds for nutrition programs and emergency preparedness.

Liuha, who began his career as an iron miner, earned bachelor's and master's degrees from Northern Michigan University and retired in 1992 from the Michigan Department of Human Services. A volunteer in the local community since the 1950s, Liuha drives up to 8,000 miles a year assisting area organizations, including the Public Enrichment Foundation which gives free books to needy children and adults. He also volunteers with United Way of Marquette County, Negaunee Community Foundation and the Ishpeming Kiwanis and Lions clubs, and enrolls disabled veterans and seniors in assistance programs. Through the Medical Care Access Coalition, Liuha also delivers medications to Marquette County doctors for home-bound patients.

Forty-two other people will receive honorable mention certificates Sept. 14 for helping improve the lives of the elderly. They are:

Ghassan Bachuwa, M.D., Flint
Becky Beets, Fremont
Fouad Beydoun, M.D., Dearborn
Colleen Brayton, Grosse Pointe Farms
June Clark, Detroit
Connie Clauson, Coopersville
Herman Doocha, Detroit
The Rev. Larry Doorn, Baldwin
Ken Fuerst, Waterford

Karl Gregory, M.D., Detroit
Roman Peter Hammes, Grosse Pointe
Alison Hirschel, East Lansing
Darlene Hiveley, Tawas City
LeaAnne Ivory, Detroit
Helen Kahn, M.D., Marquette
Beverly Kaminski, Westland
Tammy Kelly, Kalamazoo
Karen Kucharczyk, Sault Ste. Marie
The Rev. Peggy Lawrence Burns, Grand Rapids
Missy Lewin, West Bloomfield
Peter Lichtenberg, M.D., Detroit
Myron Liner, M.D., Farmington Hills
Mary Luevanos, Detroit
Lynnwood Mast, White Cloud
Gae McCord, Novi
Nancy Moeggenberg, St. Johns
Helen Morrison, Grosse Ile
Helen Nafranowicz, Ypsilanti
Eleanor Nielson, Allegan
Norma Okonski, Waterford
Niru Prasad, M.D., Bloomfield Hills
Margaret Rabiah, Mount Morris
Denise Rabidoux, Detroit
Thelma Raziya Curtis, Detroit
Gayle Reed, Mount Morris
Fannye Rogers, Detroit
Alma Stallworth, Detroit
Nora Thomas, Jackson
Gerald Turlo, Detroit
Brenda Vesprini, Waterford
Carolyn Weissbach, Marquette
Fay Woolrich, Kalamazoo

This year's conference, at the Soaring Eagle Casino and Resort in Mount Pleasant, is themed "Seniors, Seize the Day: Living a Healthy and Happy Life." Presentations include sessions on elder law, Alzheimer's disease and changes in Medicare. Cost is \$20 per person for seniors 55 and older and caregivers, and \$50 for service providers, and includes continental breakfast, lunch, discussion sessions and conference materials. The conference also will feature free flu shots for attendees with Medicare Part B coverage. The shots are \$25 for all others. To register, call 1-800-733-BLUE (2583) by Aug. 24.

Blue Cross Blue Shield of Michigan, a nonprofit organization, provides and administers health benefits to more than 4.5 million members residing in Michigan in addition to members of Michigan-headquartered groups who reside outside the state. The company offers a broad variety of plans including: Traditional Blue Cross Blue Shield; Blue Preferred, Community Blue and Healthy Blue Incentives PPOs; Blue Care Network HMO; BCN Healthy Blue Living; Flexible Blue plans compatible with health savings accounts; Medicare Advantage; Part D Prescription Drug plans, and MyBlue products in the under-age-65 individual market. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. For more company information, visit bcbsm.com.

SOURCE Blue Cross Blue Shield Blue Care Network of Michigan
